

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2006

through

07

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

05

22

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2006	90494.34
(b) Cash on Hand at Beginning of Reporting Period .....	202671.31	
(c) Total Receipts (from Line 19) .....	167142.38	1278267.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	369813.69	1368762.14
7. Total Disbursements (from Line 31) .....	244354.74	1243303.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	125458.95	125458.95
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	142625.00	1039500.00
(i) Itemized (use Schedule A) .....	23554.00	167459.99
(ii) Unitemized .....	166179.00	1206959.99
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	65850.00
(c) Other Political Committees (such as PACs) .....	166179.00	1272809.99
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	963.38	5457.81
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	167142.38	1278267.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	167142.38	1278267.80

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	174311.91	924382.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	174311.91	924382.46
22. Transfers to Affiliated/Other Party Committees.....	35000.00	65550.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	35042.83	253370.73
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	35042.83	253370.73
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	244354.74	1243303.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	244354.74	1243303.19

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	166179.00	1272809.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	166179.00	1272809.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	174311.91	924382.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	963.38	5457.81
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	173348.53	918924.65

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Linda Allen

Mailing Address 103 Central St.

City

Byfield

State

MA

Zip Code

01922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Security Team

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: 60719.C160277

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Peter Aspesi

Mailing Address 3 Macneill Drive

City

Southborough

State

MA

Zip Code

01772-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Transaction ID: 60713.C160109

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Barbara Berkowitz

Mailing Address PO Box 1386

City

Newburyport

State

MA

Zip Code

01950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: 60719.C160280

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Cara Blank

Mailing Address 116 Shaw Farm Rd.

City

Canton

State

MA

Zip Code

02021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 6

Transaction ID: 60817.C160543

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Jean Blomfield

Mailing Address 11 Meadow Rd.

City

East Longmeadow

State

MA

Zip Code

01028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Transaction ID: 60713.C160086

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Aletta Bond

Mailing Address 11 Villa Rd

City

Hamilton

State

MA

Zip Code

01982

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 6

Transaction ID: 60817.C160414

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara Booth

Mailing Address 7 Paul Revere Rd.

City

Worcester

State

MA

Zip Code

01609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
At home

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: 60713.C159763

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Brian Brooks

Mailing Address 19 Harvard Street

City

Boston

State

MA

Zip Code

02129-3715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 7 / 2 0 0 6

Transaction ID: 60817.C160558

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Brown

Mailing Address 99 Sanborn Lane  
DO NOT MAIL

City

Reading

State

MA

Zip Code

01867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Safe Hydrogen LLC

Occupation  
Business owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: 60719.C160259

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Brown

Mailing Address 99 Sanborn Lane  
DO NOT MAIL

City State Zip Code  
Reading MA 01867

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Safe Hydrogen LLC

Occupation  
Business owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 27 2006

Transaction ID: 60817.C160572

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Brian Cadieux

Mailing Address PO Box 1243

City State Zip Code  
Portsmouth NH 03802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alliance Companies

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 26 2006

Transaction ID: 60817.C160547

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Henry Ciborowski

Mailing Address 16 Beechmont Street

City State Zip Code  
Worcester MA 01609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ciborowski Insurance Agen-  
cy

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 05 2006

Transaction ID: 60713.C159781

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara Claypoole

Mailing Address 3 Pinecrest Road

City

Hingham

State

MA

Zip Code

02043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 6

Transaction ID: 60817.C160469

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Frederic Clifford

Mailing Address PO Box 1884

City

Duxbury

State

MA

Zip Code

02331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 6

Transaction ID: 60713.C159999

Amount of Each Receipt this Period

300.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Gould Coleman

Mailing Address 81 Bickford Hill Rd

City

Gardner

State

MA

Zip Code

01440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 6

Transaction ID: 60713.C160000

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Gould Coleman

Mailing Address 81 Bickford Hill Rd

City

Gardner

State

MA

Zip Code

01440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 6

Transaction ID: 60713.C159988

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Christopher Collins

Mailing Address 72 Harbor Street

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Collins & Company, LLC

Occupation  
real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 2 / 2 0 0 6

Transaction ID: 60713.C160003

Amount of Each Receipt this Period

10000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Christopher Collins

Mailing Address 72 Harbor Street

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Collins & Company, LLC

Occupation  
real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 6

Transaction ID: 60817.C160523

Amount of Each Receipt this Period

-5000.00

Memo

**[MEMO ITEM]**

c. collins, transfer of  
excess funds from fed to  
non fed

**SUBTOTAL** of Receipts This Page (optional) .....

10100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Herbert Collins

Mailing Address 15 Clarendon Street

City

Gloucester

State

MA

Zip Code

01930-4170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Collins and Nickas Co.

Occupation

Chairman of Brd.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 2 / 2 0 0 6

Transaction ID: 60713.C160059

Amount of Each Receipt this Period

10000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Herbert Collins

Mailing Address 15 Clarendon Street

City

Gloucester

State

MA

Zip Code

01930-4170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Collins and Nickas Co.

Occupation

Chairman of Brd.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 6

Transaction ID: 60817.C160525

Amount of Each Receipt this Period

-5000.00

Memo

**[MEMO ITEM]**

h.collins, transfer excess  
contrib from fed to non  
fed

**C.**

Full Name (Last, First, Middle Initial)

Nathan Couch

Mailing Address 5 High Rock Rd.

City

Dover

State

MA

Zip Code

02030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: 60719.C160228

Amount of Each Receipt this Period

75.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Nathaniel Dalton

Mailing Address 136 Galloupes Point

City

Swampscott

State

MA

Zip Code

01907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Affiliated Managers Group

Occupation

EVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 6

Transaction ID: 60817.C160607

Amount of Each Receipt this Period

-5000.00

Memo

**[MEMO ITEM]**

dalton, transfer excess  
contrib from fed to non  
fed

**B.**

Full Name (Last, First, Middle Initial)

Mario DiCarlo

Mailing Address 56 Beecher Place

City

Newton

State

MA

Zip Code

02459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 6

Transaction ID: 60713.C159986

Amount of Each Receipt this Period

2500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Albert DiGregorio

Mailing Address 8 Jacobs Road

City

Southbridge

State

MA

Zip Code

01550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Lens Co.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 6

Transaction ID: 60713.C159838

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Jody Dow

Mailing Address 71 Leicester Street

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Elias Dow

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 6

Transaction ID: 60713.C159987

Amount of Each Receipt this Period

2500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Christopher Egan

Mailing Address Carruth Capital  
116 Flanders Road

City

Westborough

State

MA

Zip Code

01581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carruth Capital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 6

Transaction ID: 60713.C159990

Amount of Each Receipt this Period

-5000.00

Memo

**[MEMO ITEM]**

transfer excess contribut-  
ion from june to non fede-  
ral

**C.**

Full Name (Last, First, Middle Initial)

Paul Fireman

Mailing Address 150 Woodland Road

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reebok

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: 60713.C159743

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Jonathan Fletcher

Mailing Address 664 56th street

City

Des Moines

State

IA

Zip Code

50312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bankers Trust Co.

Occupation

Trust Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: 60713.C159746

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Robert Fopp

Mailing Address 41 Newhouse Street

City

Springfield

State

MA

Zip Code

01118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 6

Transaction ID: 60713.C159911

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Robert Fopp

Mailing Address 41 Newhouse Street

City

Springfield

State

MA

Zip Code

01118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 2 / 2 0 0 6

Transaction ID: 60713.C160007

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Linda Fosburg

Mailing Address 1106 Massachusetts Avenue

City

Lexington

State

MA

Zip Code

02420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barton Fosburg & Associates

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Transaction ID: 60719.C160140

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Arnold Garrison

Mailing Address 181 Pine Ridge Rd.

City

Newton

State

MA

Zip Code

02468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: 60713.C159764

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Dola Hamilton Stenberg

Mailing Address 5 Louisburg Square

City

Boston

State

MA

Zip Code

02108-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
At Home

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: 60713.C159741

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Dola Hamilton Stenberg

Mailing Address 5 Louisburg Square

City

Boston

State

MA

Zip Code

02108-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
At Home

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: 60720.C160327

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Richard Harris

Mailing Address 22 Oakland Ave.

City

Quincy

State

MA

Zip Code

02170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 6

Transaction ID: 60817.C160471

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Christian Haufler

Mailing Address PO Box 92, 272 Damon Pt. Rd

City

Marshfield

State

MA

Zip Code

02051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Haufler Associates

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 2 / 2 0 0 6

Transaction ID: 60713.C160062

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

6100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Eric Hersum

Mailing Address 99 North Avenue

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Back Bay Properties

Occupation  
real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Transaction ID: 60719.C160157

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Leo Kahn

Mailing Address 180 Kent Rd.

City

Newton

State

MA

Zip Code

02468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Properties Group

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: 60713.C159744

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

William Ansley Knowlton

Mailing Address 80 Pinckney St

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ropes & Gray

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 2 / 2 0 0 6

Transaction ID: 60713.C160006

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Lawrence

Mailing Address 24 Jackson Pond Road

City

Dedham

State

MA

Zip Code

02026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 6

Transaction ID: 60713.C159951

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Richard Lawton

Mailing Address 157 Belmont Street

City

Brockton

State

MA

Zip Code

02301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 6

Transaction ID: 60817.C160438

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Gregg Lisciotti

Mailing Address 24 Walden Court

City

Leominster

State

MA

Zip Code

01453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lisciotti Development Cor-  
p.

Occupation  
Real Estate Develop.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 6

Transaction ID: 60713.C159992

Amount of Each Receipt this Period

-5000.00

Memo

**[MEMO ITEM]**

transfer excess funds from  
june to non federal

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Antonio Lorusso

Mailing Address PO Box 230

City

Walpole

State

MA

Zip Code

02081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S.M. Lorusso and Sons, In-  
c.

Occupation  
Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 6

Transaction ID: 60817.C160437

Amount of Each Receipt this Period

4000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Lisa Matthews

Mailing Address 621 Country Way

City

Scituate

State

MA

Zip Code

02066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North American Management  
Corp

Occupation  
Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: 60713.C159747

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

John McCarthy

Mailing Address 1 Pierce Rd.

City

Peabody

State

MA

Zip Code

01960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B.k. McCarthy Insurance  
Agency

Occupation  
insurance agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 2 / 2 0 0 6

Transaction ID: 60713.C160030

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

4600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

J. Stuart Moore

Mailing Address 7 Gales Point Road

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sapient Corporation

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 6

Transaction ID: 60817.C160573

Amount of Each Receipt this Period

2000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Sandra Moose

Mailing Address 53 Beverly Rd.

City

Newton

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Business Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: 60719.C160274

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Ann Murphy

Mailing Address 65 Helen Street

City

Waltham

State

MA

Zip Code

02452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GPC/ONEILL & Assoc.

Occupation  
Vice President, PR Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Transaction ID: 60719.C160144

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Ruth Nicholas

Mailing Address 58 Chestnut St

City

Boston

State

MA

Zip Code

02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 6

Transaction ID: 60817.C160606

Amount of Each Receipt this Period

10000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Themis Papageorge

Mailing Address 54 Country Dr

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardium

Occupation  
VP Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 9 / 2 0 0 6

Transaction ID: 60720.C160347

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Guido Perera

Mailing Address 121 Old Concord Rd.

City

Lincoln

State

MA

Zip Code

01773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: 60713.C159786

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Lovett Peters

Mailing Address 81 Old Orchard Rd.

City

Newton

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pioneer Institute

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: 60719.C160270

Amount of Each Receipt this Period

2000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Marion Phillips

Mailing Address 20 Longwood Dr  
Apt 374

City

Westwood

State

MA

Zip Code

02090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: 60719.C160272

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Kathy Putnam

Mailing Address Four Smiths Point Road

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 6

Transaction ID: 60817.C160522

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

7100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

George Putnam, III

Mailing Address Four Smiths Point Road

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England Advisors

Occupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 6

Transaction ID: 60817.C160521

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Thomas Roberts

Mailing Address 106 Edmunds Road

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summit Partners

Occupation  
Venture Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 6

Transaction ID: 60713.C159994

Amount of Each Receipt this Period

-5000.00

Memo

**[MEMO ITEM]**

transfer of funds from fe-  
deral acct to state

**C.**

Full Name (Last, First, Middle Initial)

Grant Rodkey

Mailing Address 11 Beatrice Circle

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VA Boston Healthcare Syst-  
em

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 6

Transaction ID: 60713.C159869

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Sepersky

Mailing Address 65 Southworth St.

City

Lakeville

State

MA

Zip Code

02347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 2 / 2 0 0 6

Transaction ID: 60713.C160065

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Joseph Shamon

Mailing Address 38 Orchard St.

City

Boston

State

MA

Zip Code

02130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Transaction ID: 60719.C160154

Amount of Each Receipt this Period

150.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Daniel Shea

Mailing Address 23 Tubwreck Drive

City

Medfield

State

MA

Zip Code

02052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMG

Occupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 3 / 2 0 0 6

Transaction ID: 60713.C159740

Amount of Each Receipt this Period

15000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

15650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel Shea

Mailing Address 23 Tubwreck Drive

City

Medfield

State

MA

Zip Code

02052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMG

Occupation

Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: 60719.C160291

Amount of Each Receipt this Period

-5000.00

Memo

**[MEMO ITEM]**

transfer of excess funds  
from federal act to non  
federal act

**B.**

Full Name (Last, First, Middle Initial)

Warren Sheinkopf

Mailing Address 140 Princeton Road

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 6

Transaction ID: 60817.C160520

Amount of Each Receipt this Period

15000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Ronald Skates

Mailing Address 4 Boardman Avenue

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 2 / 2 0 0 6

Transaction ID: 60713.C160002

Amount of Each Receipt this Period

2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

17000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Campbell Steward

Mailing Address 65 Asbury St.

City

Topsfield

State

MA

Zip Code

01983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 9 / 2 0 0 6

Transaction ID: 60720.C160339

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

George Tarvezian

Mailing Address P.O. Box 496

City

Belmont

State

MA

Zip Code

02478-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Tarvezian Group

Occupation  
investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Transaction ID: 60719.C160146

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

David Taylor

Mailing Address 141 Kendall Hill Rd

City

Sterling

State

MA

Zip Code

01564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Adams & Blinn

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Transaction ID: 60713.C160088

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Patricia Tucker

Mailing Address 4 Sturbridge Rd.

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

At home

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Transaction ID: 60713.C160121

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Richard Valentine

Mailing Address 135 Wood Rd.

City

Braintree

State

MA

Zip Code

02184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F-1 Boston

Occupation

Business owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Transaction ID: 60719.C160158

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Donald Voghel

Mailing Address 497 Old Road To 9 Acre Corner

City

Concord

State

MA

Zip Code

01742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIG Corporation

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 6

Transaction ID: 60817.C160574

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

7600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Adam Donovan Waitkunas

Mailing Address P.O. Box 146

City

Carlisle

State

MA

Zip Code

01741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rasky/Baerlein GroupOccupation  
Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Transaction ID: 60719.C160132

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

D. Bradford Wetherell

Mailing Address 47 Fresh Pond Ln.

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Romney for PresidentOccupation  
Policy Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: 60719.C160220

Amount of Each Receipt this Period

150.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Constance V R White

Mailing Address 68 Beacon St.

City

Boston

State

MA

Zip Code

02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 6

Transaction ID: 60817.C160377

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert White

Mailing Address 23 Chadwick Road

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bain Capital

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: 60719.C160288

Amount of Each Receipt this Period

10000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Tona White

Mailing Address 23 Chadwick Road

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Transaction ID: 60719.C160286

Amount of Each Receipt this Period

10000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Susan Barker Winslow

Mailing Address 17 Fredrickson Road

City

Norfolk

State

MA

Zip Code

02056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Transaction ID: 60713.C160123

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

20250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Donald Wong

Mailing Address 53 Juniper Drive

City

Saugus

State

MA

Zip Code

01906-3142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kowloon Restaurant

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 0 6

Transaction ID: 60719.C160136

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

142625.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 73

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Matthew Gauvin

Mailing Address 42 McKay Avenue

DO NOT MAIL- not donor

City

Fitchburg

State

MA

Zip Code

01420-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MassGOP

Occupation

Field Coordinator

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2681.10

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 6

Transaction ID: 60817.C160609

Amount of Each Receipt this Period

946.00

Offsets to Operating Expe-  
ndituNote: cobra payment from  
former employee

SUBTOTAL of Receipts This Page (optional) .....

946.00

TOTAL This Period (last page this line number only) .....

946.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers  
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
Direct Mailing Program non FEA no federal candidate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60719.E8801

Date of Disbursement

07 / 10 / 2006

Amount of Each Disbursement this Period

10796.29

DIRECT MAILING PROGRAM NON  
FEA NO FEDERAL CANDIDATE

B.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers  
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
Direct Mailing and Telemarketing non fea no federal candidate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8876

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

9989.83

DIRECT MAILING AND TELEMAR-  
KETING NON FEA NO FEDERAL  
CANDIDATE

C.

Full Name (Last, First, Middle Initial)

SCM Associates

Mailing Address Steve Meyers  
1283 Main Street

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
Direct Mail and Telemarketing non-fea no federal candidate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8908

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

9232.96

DIRECT MAIL AND TELEMARKE-  
TING NON-FEA NO FEDERAL  
CANDIDATE

SUBTOTAL of Disbursements This Page (optional) .....

30019.08

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

AlphaGraphics AlphaGraphics

Mailing Address 74 Canal Street

City  
Boston

State  
MA

Zip Code  
02114-

Purpose of Disbursement  
Printing-general non FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60719.E8789

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3263.06

PRINTING-GENERAL NON FEA

**B.**

Full Name (Last, First, Middle Initial)

Affiliated Managers AMG

Mailing Address 600 Hale St.

City  
Beverly

State  
MA

Zip Code  
01965-

Purpose of Disbursement  
Administration Services Non-FEA no federal candidate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60720.E8821

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1155.00

ADMINISTRATION SERVICES  
NON-FEA NO FEDERAL CANDID-  
ATE

**C.**

Full Name (Last, First, Middle Initial)

Rhonda Avola

Mailing Address 306 Main St. Unit 10

City  
Melrose

State  
MA

Zip Code  
02176-

Purpose of Disbursement  
Administration Service Non FEA No federal candidate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 60720.E8831

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1980.00

ADMINISTRATION SERVICE NON  
FEA NO FEDERAL CANDIDATE

**SUBTOTAL** of Disbursements This Page (optional) .....

6398.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Brandon Barber

Mailing Address 106 Kendall Pond Rd.

City  
Windham

State  
NH

Zip Code  
03087-

Purpose of Disbursement  
Reimbursement: See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60719.E8774

Date of Disbursement

07 / 06 / 2006

Amount of Each Disbursement this Period

523.60

REIMBURSEMENT: SEE BELOW

B.

Full Name (Last, First, Middle Initial)

Brandon Barber

Mailing Address 106 Kendall Pond Rd.

City  
Windham

State  
NH

Zip Code  
03087-

Purpose of Disbursement  
B.Barver s reimbursement for persoanl car use mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60719.E8775

Date of Disbursement

07 / 06 / 2006

Amount of Each Disbursement this Period

523.60

[MEMO ITEM]

MEMO: B.BARVER S REIMBURS-  
EMENT FOR PERSONAL CAR USE  
MILEAGE

C.

Full Name (Last, First, Middle Initial)

Peter Blute

Mailing Address 657 South St.

City  
Shrewsbury

State  
MA

Zip Code  
01545-

Purpose of Disbursement  
Political Consulting advisor on political issues.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60720.E8829

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

4000.00

POLITICAL CONSULTING ADVI-  
SOR ON POLITICAL ISSUES.

SUBTOTAL of Disbursements This Page (optional) .....

4523.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

B&S Bodoff & Slavitt

Mailing Address 225 Friend Street

City  
Boston

State  
MA

Zip Code  
02114-

Purpose of Disbursement  
Legal Counsel/Advice non-fea

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60719.E8790

Date of Disbursement

07 / 10 / 2006

Amount of Each Disbursement this Period

101.34

LEGAL COUNSEL/ADVICE NON-  
FEA

B.

Full Name (Last, First, Middle Initial)

Maeve Bowman

Mailing Address 404 Commercial St. Apt 2

City  
Boston

State  
MA

Zip Code  
02109-

Purpose of Disbursement  
Administration Service non-fea no federal candidate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60720.E8826

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

363.00

ADMINISTRATION SERVICE NO-  
N-FEA NO FEDERAL CANDIDATE

C.

Full Name (Last, First, Middle Initial)

Repro-graphics Cambridge

Mailing Address 21 McGrath Highway

City  
Somerville

State  
MA

Zip Code  
02143-

Purpose of Disbursement  
General printing non Fea no Fed candidate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60719.E8793

Date of Disbursement

07 / 10 / 2006

Amount of Each Disbursement this Period

2414.94

GENERAL PRINTING NON FEA  
NO FED CANDIDATE

SUBTOTAL of Disbursements This Page (optional) .....

2879.28

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Cambridge Offset Printing	<b>Transaction ID:</b> 60719.E8792 <b>Date of Disbursement</b>																				
Mailing Address 56 Creighton Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	0		2	0	0	6												
City Cambridge State MA Zip Code 02140- Purpose of Disbursement General Printing non fea no fed candidate Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>4</td><td>8</td><td>.</td><td>2</td><td>5</td> </tr> </table>	4	4	8	.	2	5														
4	4	8	.	2	5																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type GENERAL PRINTING NON FEA NO FED CANDIDATE																				
<b>B.</b> Full Name (Last, First, Middle Initial) Cambridge Offset Printing	<b>Transaction ID:</b> 60720.E8822 <b>Date of Disbursement</b>																				
Mailing Address 56 Creighton Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	3		2	0	0	6												
City Cambridge State MA Zip Code 02140- Purpose of Disbursement General Printing non fea no fed candidate Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>2</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	4	2	0	.	0	0														
4	2	0	.	0	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type GENERAL PRINTING NON FEA NO FED CANDIDATE																				
<b>C.</b> Full Name (Last, First, Middle Initial) Cambridge Offset Printing	<b>Transaction ID:</b> 60817.E8867 <b>Date of Disbursement</b>																				
Mailing Address 56 Creighton Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	0	6												
City Cambridge State MA Zip Code 02140- Purpose of Disbursement General Printing non fea no fed candidate Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>7</td><td>2</td><td>.</td><td>5</td><td>0</td> </tr> </table>	4	7	2	.	5	0														
4	7	2	.	5	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type GENERAL PRINTING NON FEA NO FED CANDIDATE																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1340.75**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Css Castle Self-Storage

Mailing Address 39 Old Colony Ave.

City  
Boston

State  
MA

Zip Code  
02127-

Purpose of Disbursement  
Storage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8898

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

289.12

STORAGE

B.

Full Name (Last, First, Middle Initial)

Conference Call Conference Call.

Mailing Address 1445 MacArthur Dr.  
Suite 214

City  
Carrollton

State  
TX

Zip Code  
75007-

Purpose of Disbursement  
Conference Call

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60719.E8794

Date of Disbursement

07 / 10 / 2006

Amount of Each Disbursement this Period

51.38

CONFERENCE CALL

C.

Full Name (Last, First, Middle Initial)

CPMA, Inc.

Mailing Address 84 Prescott St.  
Suite 21

City  
Cambridge

State  
MA

Zip Code  
02138-

Purpose of Disbursement  
Political Consulting non-FEA Political Consulting advice

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60719.E8795

Date of Disbursement

07 / 10 / 2006

Amount of Each Disbursement this Period

5000.00

POLITICAL CONSULTING NO-  
N-FEA POLITICAL CONSULTING  
ADVICE

SUBTOTAL of Disbursements This Page (optional) .....

5340.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paul Craney

Mailing Address 177 Cambridge Ave

City  
Fair Haven

State  
NJ

Zip Code  
07704-

Purpose of Disbursement  
Reimbursement for food and mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60719.E8781

Date of Disbursement

07 / 06 / 2006

Amount of Each Disbursement this Period

128.00

REIMBURSEMENT FOR FOOD AND MILEAGE

B.

Full Name (Last, First, Middle Initial)

Paul Craney

Mailing Address 177 Cambridge Ave

City  
Fair Haven

State  
NJ

Zip Code  
07704-

Purpose of Disbursement  
Reimbursement for personal car use mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8880

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

7.20

REIMBURSEMENT FOR PERSONAL CAR USE MILEAGE

C.

Full Name (Last, First, Middle Initial)

Paul Craney

Mailing Address 177 Cambridge Ave

City  
Fair Haven

State  
NJ

Zip Code  
07704-

Purpose of Disbursement  
Reimbursement for mileage and tolls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8903

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

152.36

REIMBURSEMENT FOR MILEAGE AND TOLLS

SUBTOTAL of Disbursements This Page (optional) .....

287.56

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Crown Crown Plaza Hotel

Mailing Address 2 Forbes Rd.

City  
Woburn

State  
MA

Zip Code  
01801-

Purpose of Disbursement

State Committee meeting non-fea no federal candidate

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 60719.E8788

Date of Disbursement

07 / 07 / 2006

Amount of Each Disbursement this Period

1456.01

STATE COMMITTEE MEETING  
NON-FEA NO FEDERAL CANDID-  
ATE

B.

Full Name (Last, First, Middle Initial)

Hui Jojo Deng

Mailing Address 117 Beaconsfield Road

City  
Brookline

State  
MA

Zip Code  
02445-

Purpose of Disbursement

Accounting Service- general accounting non-fea

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 60719.E8776

Date of Disbursement

07 / 06 / 2006

Amount of Each Disbursement this Period

874.50

ACCOUNTING SERVICE- GENER-  
AL ACCOUNTING NON-FEA

C.

Full Name (Last, First, Middle Initial)

DirecTV DirecTV

Mailing Address PO Box 60036

City  
Los Angeles

State  
CA

Zip Code  
90060-0036

Purpose of Disbursement

Cable Service

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 60720.E8823

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

144.90

CABLE SERVICE

SUBTOTAL of Disbursements This Page (optional) .....

2475.41

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Brian Dodge

Mailing Address 10 Parker Road

City  
Groveland

State  
MA

Zip Code  
01834-

Purpose of Disbursement  
Reimbursement: See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8896

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

501.60

REIMBURSEMENT: SEE BELOW

B.

Full Name (Last, First, Middle Initial)

US AIRWAYS US AIRWAYS

Mailing Address Logan Airport

City  
Boston

State  
MA

Zip Code  
02128-

Purpose of Disbursement  
B.Dodge Reimbursement for Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8897

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

471.60

[MEMO ITEM]

MEMO: B.DODGE REIMBURSEMENT FOR AIRFARE

C.

Full Name (Last, First, Middle Initial)

Brian Dodge

Mailing Address 10 Parker Road

City  
Groveland

State  
MA

Zip Code  
01834-

Purpose of Disbursement  
Reimbursement: See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8909

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

804.35

REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) .....

1305.95

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

MEMO: B.DODGE REIMBURSEMENT FOR MOVING TRUCK RENTAL

## WEB HOSTING

EXPRESS MAIL- NON FEA

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	<b>Transaction ID:</b> 60817.E8868 <b>Date of Disbursement</b>																				
Mailing Address PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	0	6												
<table border="1"> <tr> <td>City Pittsburgh</td> <td>State PA</td> <td>Zip Code 15250-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Express Mail non fea</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Pittsburgh	State PA	Zip Code 15250-	Purpose of Disbursement Express Mail non fea		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>136.47</td> </tr> </table>	136.47											
City Pittsburgh	State PA	Zip Code 15250-																			
Purpose of Disbursement Express Mail non fea		<input type="text"/> Category/ Type																			
Candidate Name																					
136.47																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:			EXPRESS MAIL NON FEA												
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
<b>B.</b> Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	<b>Transaction ID:</b> 60817.E8899 <b>Date of Disbursement</b>																				
Mailing Address PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	6												
<table border="1"> <tr> <td>City Pittsburgh</td> <td>State PA</td> <td>Zip Code 15250-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Express mail non fea</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Pittsburgh	State PA	Zip Code 15250-	Purpose of Disbursement Express mail non fea		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>84.25</td> </tr> </table>	84.25											
City Pittsburgh	State PA	Zip Code 15250-																			
Purpose of Disbursement Express mail non fea		<input type="text"/> Category/ Type																			
Candidate Name																					
84.25																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:			EXPRESS MAIL NON FEA												
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				
<b>C.</b> Full Name (Last, First, Middle Initial) Fleet Bank	<b>Transaction ID:</b> 60817.E8931 <b>Date of Disbursement</b>																				
Mailing Address 100 Federal Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	6												
<table border="1"> <tr> <td>City Boston</td> <td>State MA</td> <td>Zip Code 02110-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Bank Service Charge</td> <td rowspan="2"> <input type="text"/>            Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Boston	State MA	Zip Code 02110-	Purpose of Disbursement Bank Service Charge		<input type="text"/> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>207.00</td> </tr> </table>	207.00											
City Boston	State MA	Zip Code 02110-																			
Purpose of Disbursement Bank Service Charge		<input type="text"/> Category/ Type																			
Candidate Name																					
207.00																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td>Disbursement For:</td> <td> <input type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:			BANK SERVICE CHARGE												
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																		
State:	District:																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**427.72**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Guardian Guardian

Mailing Address Boston Group Office  
1 Liberty Square

City Boston State MA Zip Code 02109-

Purpose of Disbursement  
Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60817.E8845

Date of Disbursement

07 / 01 / 2006

Amount of Each Disbursement this Period

426.87

INSURANCE

B.

Full Name (Last, First, Middle Initial)

HPH Inc. Harvard Pilgram Heal

Mailing Address 1200 Crown Colony Dr.

City Quincy State MA Zip Code 02169-

Purpose of Disbursement  
Health insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60817.E8900

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

6165.28

HEALTH INSURANCE

C.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City Quincy State MA Zip Code 02170-

Purpose of Disbursement  
Reimbursement for travel and food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60719.E8777

Date of Disbursement

07 / 06 / 2006

Amount of Each Disbursement this Period

60.16

REIMBURSEMENT FOR TRAVEL  
AND FOOD

SUBTOTAL of Disbursements This Page (optional) .....

6652.31

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Samantha Levine

Mailing Address 15 Oak St.

City

Chestnut Hill

State

MA

Zip Code

02467-

Purpose of Disbursement

Reimbursement for travel and food and mileage

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 60719.E8784

Date of Disbursement

07 / 06 / 2006

Amount of Each Disbursement this Period

297.29

REIMBURSEMENT FOR TRAVEL  
AND FOOD AND MILEAGE

B.

Full Name (Last, First, Middle Initial)

Lexis-Nexis

Mailing Address PO Box 7247-7090

City

Philadelphia

State

PA

Zip Code

19170-

Purpose of Disbursement

Research

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 60720.E8825

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1050.00

RESEARCH

C.

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank  
100 Federal Street

City

Boston

State

MA

Zip Code

02110-

Purpose of Disbursement

Credit Card Fee

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 60817.E8929

Date of Disbursement

07 / 03 / 2006

Amount of Each Disbursement this Period

694.30

CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional) .....

2041.59

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City Philadelphia State PA Zip Code 19170-0322

Purpose of Disbursement  
Copier Rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60720.E8824

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

965.60

COPIER RENTAL

**B.** Full Name (Last, First, Middle Initial)  
N.M. Inc. National Media, Inc.

Mailing Address 815 Slater Lane

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
Production of video non advertising for internal use only

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60719.E8779

Date of Disbursement

07 / 06 / 2006

Amount of Each Disbursement this Period

30000.00

PRODUCTION OF VIDEO NON  
ADVERTISING FOR INTERNAL  
USE ONLY

**C.** Full Name (Last, First, Middle Initial)  
N.M. Inc. National Media, Inc.

Mailing Address 815 Slater Lane

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
Production of video non advertising for internal use only

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60817.E8879

Date of Disbursement

07 / 24 / 2006

Amount of Each Disbursement this Period

30000.00

PRODUCTION OF VIDEO NON  
ADVERTISING FOR INTERNAL  
USE ONLY

**SUBTOTAL** of Disbursements This Page (optional) .....

60965.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Communication Inc OBrien	<b>Transaction ID:</b> 60720.E8828 <b>Date of Disbursement</b>																				
Mailing Address PO Box 659	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	3		2	0	0	6												
City Wrentham State MA Zip Code 02093-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone System Maintenance Candidate Name	<table border="1"> <tr> <td colspan="10">147.50</td> </tr> </table>	147.50																			
147.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PHONE SYSTEM MAINTAINENCE																				
<b>B.</b> Full Name (Last, First, Middle Initial) Communication Inc OBrien	<b>Transaction ID:</b> 60817.E8902 <b>Date of Disbursement</b>																				
Mailing Address PO Box 659	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	6												
City Wrentham State MA Zip Code 02093-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone System Candidate Name	<table border="1"> <tr> <td colspan="10">107.50</td> </tr> </table>	107.50																			
107.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PHONE SYSTEM																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 60719.E8759 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	3		2	0	0	6												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll-401K Candidate Name	<table border="1"> <tr> <td colspan="10">1480.76</td> </tr> </table>	1480.76																			
1480.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL-401K																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1735.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 60719.E8758 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	3		2	0	0	6												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll-Taxes	<table border="1"> <tr> <td colspan="10">7927.75</td> </tr> </table>	7927.75																			
7927.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>PAYROLL-TAXES</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 60817.E8861 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	5		2	0	0	6												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll-401 K	<table border="1"> <tr> <td colspan="10">1480.76</td> </tr> </table>	1480.76																			
1480.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>PAYROLL-401 K</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 60817.E8860 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	5		2	0	0	6												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll-Taxes	<table border="1"> <tr> <td colspan="10">8779.44</td> </tr> </table>	8779.44																			
8779.44																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>PAYROLL-TAXES</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**18187.95**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City  
Boston

State  
MA

Zip Code  
02266-

Purpose of Disbursement

Payroll-Taxes

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 60817.E8930

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

191.51

PAYROLL-TAXES

B.

Full Name (Last, First, Middle Initial)

Poland Spring Poland Spring

Mailing Address Processing Center  
PO Box 52271

City  
Phoenix

State  
AZ

Zip Code  
85072-

Purpose of Disbursement

Bottle water

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 60817.E8871

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

81.64

BOTTLE WATER

C.

Full Name (Last, First, Middle Initial)

Boston Postmaster

Mailing Address JW MCCORMACK STATION  
New Chardon Street

City  
Boston

State  
MA

Zip Code  
02114-

Purpose of Disbursement

Postage-General use non-fea

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 60719.E8786

Date of Disbursement

07 / 06 / 2006

Amount of Each Disbursement this Period

1950.00

POSTAGE-GENERAL USE NON-F-  
EA

SUBTOTAL of Disbursements This Page (optional) .....

2223.15

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Boston Postmaster	<b>Transaction ID:</b> 60817.E8872 <b>Date of Disbursement</b>
Mailing Address JW MCCORMACK STATION New Chardon Street	<div> <div>07</div> <div>20</div> <div>2006</div> </div>
City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period
Purpose of Disbursement Postage-General use non-fea Candidate Name	<div>162.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
POSTAGE-GENERAL USE NON-F-EA	
<b>B.</b> Full Name (Last, First, Middle Initial) Boston Postmaster	<b>Transaction ID:</b> 60817.E8904 <b>Date of Disbursement</b>
Mailing Address JW MCCORMACK STATION New Chardon Street	<div> <div>07</div> <div>31</div> <div>2006</div> </div>
City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period
Purpose of Disbursement Postage-General use non-fea Candidate Name	<div>1950.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
POSTAGE-GENERAL USE NON-F-EA	
<b>C.</b> Full Name (Last, First, Middle Initial) Jinara Reyes	<b>Transaction ID:</b> 60817.E8877 <b>Date of Disbursement</b>
Mailing Address 66 Greenleaf St. Apt. # 33	<div> <div>07</div> <div>24</div> <div>2006</div> </div>
City Quincy State MA Zip Code 02169-	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement for travel parking food Candidate Name	<div>122.92</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
REIMBURSEMENT FOR TRAVEL PARKING FOOD	

**SUBTOTAL** of Disbursements This Page (optional) .....

**2234.92**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven Roche

Mailing Address 4 Leblanc Dr

City  
Danvers

State  
MA

Zip Code  
01923-

Purpose of Disbursement  
Reimbursement: See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60720.E8836

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1214.25

REIMBURSEMENT: SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)

Lyceum Bar & Grill

Mailing Address 43 Church St.

City  
Salem

State  
MA

Zip Code  
01970-

Purpose of Disbursement  
S.Roche Reimbursement for food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60720.E8839

Date of Disbursement

/   /

Amount of Each Disbursement this Period

271.86

**[MEMO ITEM]**

MEMO: S. ROCHE REIMBURSEMENT FOR FOOD

**C.**

Full Name (Last, First, Middle Initial)

Laz Parking Ltd.

Mailing Address 101 Merrimac Street

City  
Boston

State  
MA

Zip Code  
02114-

Purpose of Disbursement  
S. Roche Reimbursement for parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60720.E8837

Date of Disbursement

/   /

Amount of Each Disbursement this Period

375.00

**[MEMO ITEM]**

MEMO: S. ROCHE REIMBURSEMENT FOR PARKING

**SUBTOTAL** of Disbursements This Page (optional) .....

1214.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Sprint/Nextel

Mailing Address PO Box 17990

City  
Denver

State  
CO

Zip Code  
80217-

Purpose of Disbursement  
S. Roche Reimbursement for Cell phone uses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60720.E8838

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

137.77

**[MEMO ITEM]**

MEMO: S. ROCHE REIMBURSEMENT FOR CELL PHONE USES

B.

Full Name (Last, First, Middle Initial)

Mark Rowe

Mailing Address 216 W. Plain St.

City  
Wayland

State  
MA

Zip Code  
01778-

Purpose of Disbursement  
Reimbursement for parking travel food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8885

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

322.42

REIMBURSEMENT FOR PARKING TRAVEL FOOD

C.

Full Name (Last, First, Middle Initial)

Mark Rowe

Mailing Address 216 W. Plain St.

City  
Wayland

State  
MA

Zip Code  
01778-

Purpose of Disbursement  
Reimbursement: See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8893

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

255.00

REIMBURSEMENT: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

577.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 73

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

New Beverly Auto Clinic

Mailing Address 126 Park St.

City  
Beverly

State  
MA

Zip Code  
01915-

Purpose of Disbursement  
M.Rowe Reimbursement for Auto Towing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8894

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

255.00

## **[MEMO ITEM]**

MEMO: M. ROWE REIMBURSEMENT  
FOR AUTO TOWING

B.

Full Name (Last, First, Middle Initial)

Mark Rowe

Mailing Address 216 W. Plain St.

City  
Wayland

State  
MA

Zip Code  
01778-

Purpose of Disbursement  
Reimbursement: See below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8890

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

993.56

REIMBURSEMENT: SEE BELOW

C.

Full Name (Last, First, Middle Initial)

Sam Lagrassas

Mailing Address 44 Province St.

City  
Boston

State  
MA

Zip Code  
02108-

Purpose of Disbursement  
M. Rowe reimbursement for food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8889

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

334.79

## **[MEMO ITEM]**

MEMO: M. ROWE REIMBURSEMENT  
FOR FOOD

**SUBTOTAL** of Disbursements This Page (optional) .....

993.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Summer Shack

Mailing Address 10 Scotia St.

City  
Boston

State  
MA

Zip Code  
02115-

Purpose of Disbursement

M. Rowe Reimbursement for Food

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 60817.E8891

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

364.50

**[MEMO ITEM]**

MEMO: M. ROWE REIMBURSEMENT FOR FOOD

**B.**

Full Name (Last, First, Middle Initial)

Mark Rowe

Mailing Address 216 W. Plain St.

City  
Wayland

State  
MA

Zip Code  
01778-

Purpose of Disbursement

Reimbursement: See Below

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 60817.E8881

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

878.01

REIMBURSEMENT: SEE BELOW

**C.**

Full Name (Last, First, Middle Initial)

Cobblestones of Lowell

Mailing Address 91 Dutton St.

City  
Lowell

State  
MA

Zip Code  
01852-

Purpose of Disbursement

M. Rowe Reimbursement for dinner meeting

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 60817.E8882

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

878.01

**[MEMO ITEM]**

MEMO: M. ROWE REIMBURSEMENT FOR DINNER MEETING

**SUBTOTAL** of Disbursements This Page (optional) .....

878.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Rowe

Mailing Address 216 W. Plain St.

City  
Wayland

State  
MA

Zip Code  
01778-

Purpose of Disbursement  
Reimbursement: See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60817.E8888

Date of Disbursement

/   /

Amount of Each Disbursement this Period

515.95

REIMBURSEMENT: SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)

Elephant Calendar

Mailing Address 70 BroadWay

City  
Westford

State  
MA

Zip Code  
01886-

Purpose of Disbursement  
M.Rowe Reimbursement for sign/ displays for general office use

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60817.E8892

Date of Disbursement

/   /

Amount of Each Disbursement this Period

266.87

**[MEMO ITEM]**

MEMO: M.ROWE REIMBURSEMENT  
FOR SIGN/ DISPLAYS FOR GE-  
NERAL OFFICE USE

**C.**

Full Name (Last, First, Middle Initial)

Mark Rowe

Mailing Address 216 W. Plain St.

City  
Wayland

State  
MA

Zip Code  
01778-

Purpose of Disbursement  
Reimbursement: See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60817.E8883

Date of Disbursement

/   /

Amount of Each Disbursement this Period

480.19

REIMBURSEMENT: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

996.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Verizon Verizon Wireless

Mailing Address PO Box 5029

City  
Wallingford

State  
CT

Zip Code  
06492-

Purpose of Disbursement  
M.Rowe Reimbursement for cellphone call

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8884

Date of Disbursement

/   /

Amount of Each Disbursement this Period

480.19

**[MEMO ITEM]**

MEMO: M.ROWE REIMBURSEMENT  
FOR CELLPHONE CALL

B.

Full Name (Last, First, Middle Initial)

Priscilla Ruzzo

Mailing Address 85 Overlook Road

City  
Boston

State  
MA

Zip Code  
02132-

Purpose of Disbursement  
Reimbursement for Transportation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60720.E8830

Date of Disbursement

/   /

Amount of Each Disbursement this Period

124.85

REIMBURSEMENT FOR TRANSPORTATION

C.

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address Staples Credit Plan  
Dept. 80 - 0088936796

City  
Des Moines

State  
IA

Zip Code  
50368-9020

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60719.E8785

Date of Disbursement

/   /

Amount of Each Disbursement this Period

209.80

OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

334.65

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Staples, Inc.	<b>Transaction ID:</b> 60817.E8906 <b>Date of Disbursement</b>
Mailing Address Staples Credit Plan Dept. 80 - 0088936796	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Des Moines State IA Zip Code 50368-9020	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies	<input type="text" value="1704.85"/>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
OFFICE SUPPLIES	
<b>B.</b> Full Name (Last, First, Middle Initial) T-Mobile T-Mobile	<b>Transaction ID:</b> 60817.E8873 <b>Date of Disbursement</b>
Mailing Address PO Box 790047	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Saint Louis State MO Zip Code 63179-	Amount of Each Disbursement this Period
Purpose of Disbursement Phone Service	<input type="text" value="1964.36"/>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
PHONE SERVICE	
<b>C.</b> Full Name (Last, First, Middle Initial) The Amaral Group	<b>Transaction ID:</b> 60720.E8832 <b>Date of Disbursement</b>
Mailing Address 201 Great Rd. Suite #2	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Acton State MA Zip Code 01720-	Amount of Each Disbursement this Period
Purpose of Disbursement Network Support	<input type="text" value="960.00"/>
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
NETWORK SUPPORT	

**SUBTOTAL** of Disbursements This Page (optional) .....

**4629.21**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) USground USground	<b>Transaction ID:</b> 60719.E8800 <b>Date of Disbursement</b>																				
Mailing Address PO Box 130349	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	0		2	0	0	6												
<table border="1"> <tr> <td>City Boston</td> <td>State MA</td> <td>Zip Code 02113-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Courier</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Boston	State MA	Zip Code 02113-	Purpose of Disbursement Courier		Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>82.67</td> </tr> </table>	82.67											
City Boston	State MA	Zip Code 02113-																			
Purpose of Disbursement Courier		Category/ Type																			
Candidate Name																					
82.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>COURIER</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) USground USground	<b>Transaction ID:</b> 60817.E8875 <b>Date of Disbursement</b>																				
Mailing Address PO Box 130349	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	0	6												
<table border="1"> <tr> <td>City Boston</td> <td>State MA</td> <td>Zip Code 02113-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Courier</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Boston	State MA	Zip Code 02113-	Purpose of Disbursement Courier		Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>16.80</td> </tr> </table>	16.80											
City Boston	State MA	Zip Code 02113-																			
Purpose of Disbursement Courier		Category/ Type																			
Candidate Name																					
16.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>COURIER</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) USground USground	<b>Transaction ID:</b> 60817.E8907 <b>Date of Disbursement</b>																				
Mailing Address PO Box 130349	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	6												
<table border="1"> <tr> <td>City Boston</td> <td>State MA</td> <td>Zip Code 02113-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Courier</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Boston	State MA	Zip Code 02113-	Purpose of Disbursement Courier		Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>65.31</td> </tr> </table>	65.31											
City Boston	State MA	Zip Code 02113-																			
Purpose of Disbursement Courier		Category/ Type																			
Candidate Name																					
65.31																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>COURIER</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**164.78**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 1	<b>Transaction ID:</b> 60720.E8834 <b>Date of Disbursement</b> <div> <div>07</div> <div>13</div> <div>2006</div> </div>
City Worcester State MA Zip Code 01654- Purpose of Disbursement Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>719.16</div> PHONE
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Internet Services Mailing Address PO Box 101096 City Atlanta State GA Zip Code 30392- Purpose of Disbursement Internet Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 60720.E8835 <b>Date of Disbursement</b> <div> <div>07</div> <div>13</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>767.62</div> INTERNET SERVICES
<b>C.</b> Full Name (Last, First, Middle Initial) Mary Rose Watson Mailing Address 463 Park Dr. Apt 16 City Boston State MA Zip Code 02115- Purpose of Disbursement Reimbursement of Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 60719.E8778 <b>Date of Disbursement</b> <div> <div>07</div> <div>06</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>44.00</div> REIMBURSEMENT OF TRANSPOR- TATION

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1530.78

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 73

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Mary Rose Watson

Mailing Address 463 Park Dr. Apt 16

City State Zip Code  
 Boston MA 02115-

Purpose of Disbursement  
 Reimbursement for travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60817.E8901

Date of Disbursement

/   /

Amount of Each Disbursement this Period

44.00

REIMBURSEMENT FOR TRAVEL

B.

Full Name (Last, First, Middle Initial)

Westin Copley Plaza

Mailing Address 10 Huntington Ave.

City State Zip Code  
 Boston MA 02116-

Purpose of Disbursement  
 Event Non-FEA Catering general party event no fed. candidate

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60817.E8874

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2632.58

EVENT NON-FEA CATERING  
 GENERAL PARTY EVENT NO FE-  
 D. CANDIDATE

C.

Full Name (Last, First, Middle Initial)

Westin Copley Place

Mailing Address 10 Huntington Ave.

City State Zip Code  
 Boston MA 02116-

Purpose of Disbursement  
 Event Catering- non-FEA general Party event/reception

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60719.E8799

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4432.25

EVENT CATERING- NON-FEA  
 GENERAL PARTY EVENT/RECEP-  
 TION

SUBTOTAL of Disbursements This Page (optional) .....

7108.83

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Reimbursement for food and Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60719.E8782

Date of Disbursement

/   /

Amount of Each Disbursement this Period

343.36

REIMBURSEMENT FOR FOOD AND  
MILEAGE

**B.**

Full Name (Last, First, Middle Initial)

Matthew Wylie

Mailing Address 169 Monsignor OBrien Highway  
#705

City  
Cambridge

State  
MA

Zip Code  
02141-

Purpose of Disbursement  
Political Consulting / Advice non-FEA

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60720.E8827

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

POLITICAL CONSULTING / AD-  
VICE NON-FEA

**SUBTOTAL** of Disbursements This Page (optional) .....

5343.36

**TOTAL** This Period (last page this line number only) .....

173957.51

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 / 73

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Mass Republican State Committee

Mailing Address 85 Merrimac Street  
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement  
shea. transfer of excess funds from fed to state act.

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60719.E8802

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 6

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mass Republican State Committee

Mailing Address 85 Merrimac Street  
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement  
Dalton transfer excess contribution from federal to non federal account

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8843

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 6

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Mass Republican State Committee

Mailing Address 85 Merrimac Street  
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement  
T. Roberts transfer of excess funds from federal to state t. roberts

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E8744

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 0 6

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 73

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Mass Republican State Committee

Mailing Address 85 Merrimac Street  
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement  
chris/herb collins transfer of excess fed contrib to state account

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60817.E8841

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

Mass Republican State Committee

Mailing Address 85 Merrimac Street  
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement  
c. egan/ g. lisciotti transfer of excess funds from federal act to state

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E8743

Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

10000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

20000.00

**TOTAL** This Period (last page this line number only) .....

35000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Brandon Barber	<b>Transaction ID:</b> 60719.E8745 <b>Date of Disbursement</b>																				
Mailing Address 106 Kendall Pond Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	3		2	0	0	6												
City Windham State NH Zip Code 03087-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1022.44</td> </tr> </table>	1022.44																			
1022.44																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL																					
<b>B.</b> Full Name (Last, First, Middle Initial) Brandon Barber	<b>Transaction ID:</b> 60817.E8847 <b>Date of Disbursement</b>																				
Mailing Address 106 Kendall Pond Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	7		2	0	0	6												
City Windham State NH Zip Code 03087-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1022.44</td> </tr> </table>	1022.44																			
1022.44																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL																					
<b>C.</b> Full Name (Last, First, Middle Initial) Paul Craney	<b>Transaction ID:</b> 60719.E8746 <b>Date of Disbursement</b>																				
Mailing Address 177 Cambridge Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	3		2	0	0	6												
City Fair Haven State NJ Zip Code 07704-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1080.10</td> </tr> </table>	1080.10																			
1080.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**3124.98**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paul Craney

Mailing Address 177 Cambridge Ave

City  
Fair Haven

State  
NJ

Zip Code  
07704-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8848

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1080.10

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Brian Dodge

Mailing Address 10 Parker Road

City  
Groveland

State  
MA

Zip Code  
01834-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60719.E8747

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1120.65

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Brian Dodge

Mailing Address 10 Parker Road

City  
Groveland

State  
MA

Zip Code  
01834-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8849

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2020.75

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

4221.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bruce Harrison	<b>Transaction ID:</b> 60719.E8791 <b>Date of Disbursement</b>																				
Mailing Address 101 Elm St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	0		2	0	0	6												
City Wakefield State MA Zip Code 01880-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll - Administrative Support Service Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type PAYROLL - ADMINISTRATIVE SUPPORT SERVICE																					
<b>B.</b> Full Name (Last, First, Middle Initial) Lyndsay Jones	<b>Transaction ID:</b> 60719.E8748 <b>Date of Disbursement</b>																				
Mailing Address 16 Oval Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	3		2	0	0	6												
City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">969.61</td> </tr> </table>	969.61																			
969.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type PAYROLL																					
<b>C.</b> Full Name (Last, First, Middle Initial) Lyndsay Jones	<b>Transaction ID:</b> 60817.E8850 <b>Date of Disbursement</b>																				
Mailing Address 16 Oval Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	7		2	0	0	6												
City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">969.61</td> </tr> </table>	969.61																			
969.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type PAYROLL																					

**SUBTOTAL** of Disbursements This Page (optional) .....

2939.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60719.E8749

Date of Disbursement

/   /

Amount of Each Disbursement this Period

628.70

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60817.E8851

Date of Disbursement

/   /

Amount of Each Disbursement this Period

628.70

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Samantha Levine

Mailing Address 15 Oak St.

City  
Chestnut Hill

State  
MA

Zip Code  
02467-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60719.E8750

Date of Disbursement

/   /

Amount of Each Disbursement this Period

891.73

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

2149.13

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 / 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Samantha Levine

Mailing Address 15 Oak St.

City  
Chestnut HillState  
MAZip Code  
02467-Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8852

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	6

Amount of Each Disbursement this Period

891.73

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Jinara Reyes

Mailing Address 66 Greenleaf St.  
Apt. # 33City  
QuincyState  
MAZip Code  
02169-Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60719.E8751

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	0	6

Amount of Each Disbursement this Period

1323.34

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Jinara Reyes

Mailing Address 66 Greenleaf St.  
Apt. # 33City  
QuincyState  
MAZip Code  
02169-Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8853

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	6

Amount of Each Disbursement this Period

1319.26

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

3534.33

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 / 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Ruth Rice

Mailing Address 30 Fernview Apt 1

City  
North AndoverState  
MAZip Code  
01845-Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60719.E8752

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	6

Amount of Each Disbursement this Period

912.81

PAYROLL

**B.**

Full Name (Last, First, Middle Initial)

Ruth Rice

Mailing Address 30 Fernview Apt 1

City  
North AndoverState  
MAZip Code  
01845-Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60817.E8854

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	0	6

Amount of Each Disbursement this Period

912.81

PAYROLL

**C.**

Full Name (Last, First, Middle Initial)

Steven Roche

Mailing Address 4 Leblanc Dr

City  
DanversState  
MAZip Code  
01923-Purpose of Disbursement  
Payroll

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60719.E8753

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	6

Amount of Each Disbursement this Period

2735.46

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

4561.08

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Steven Roche	<b>Transaction ID:</b> 60817.E8855 <b>Date of Disbursement</b>																				
Mailing Address 4 Leblanc Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	7		2	0	0	6												
City Danvers State MA Zip Code 01923- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>7</td><td>3</td><td>5</td><td>.</td><td>4</td><td>6</td> </tr> </table>	2	7	3	5	.	4	6													
2	7	3	5	.	4	6															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mark Rowe	<b>Transaction ID:</b> 60719.E8754 <b>Date of Disbursement</b>																				
Mailing Address 216 W. Plain St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	3		2	0	0	6												
City Wayland State MA Zip Code 01778- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>2</td><td>0</td><td>6</td><td>.</td><td>3</td><td>9</td> </tr> </table>	1	2	0	6	.	3	9													
1	2	0	6	.	3	9															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mark Rowe	<b>Transaction ID:</b> 60817.E8856 <b>Date of Disbursement</b>																				
Mailing Address 216 W. Plain St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	5		2	0	0	6												
City Wayland State MA Zip Code 01778- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>4</td><td>8</td><td>3</td><td>.</td><td>5</td><td>0</td> </tr> </table>	1	4	8	3	.	5	0													
1	4	8	3	.	5	0															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5425.35**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Priscilla Ruzzo

Mailing Address 85 Overlook Road

City  
Boston

State  
MA

Zip Code  
02132-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60719.E8755

Date of Disbursement

/   /

Amount of Each Disbursement this Period

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Priscilla Ruzzo

Mailing Address 85 Overlook Road

City  
Boston

State  
MA

Zip Code  
02132-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60817.E8857

Date of Disbursement

/   /

Amount of Each Disbursement this Period

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Ensieh Sarrami

Mailing Address 9214 Inglewood Dr.

City  
Potomac

State  
MD

Zip Code  
20854-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60719.E8756

Date of Disbursement

/   /

Amount of Each Disbursement this Period

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

**4157.33**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Ensieh Sarraimi

Mailing Address 9214 Inglewood Dr.

City Potomac State MD Zip Code 20854-

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60817.E8858

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

967.03

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Mary Rose Watson

Mailing Address 463 Park Dr. Apt 16

City Boston State MA Zip Code 02115-

Purpose of Disbursement  
payroll- administrative services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60817.E8869

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

1500.00

PAYROLL- ADMINISTRATIVE  
SERVICES

C.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City Reading State MA Zip Code 01867-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60719.E8757

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1231.44

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

3698.47

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60817.E8859

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1231.44

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

1231.44

TOTAL This Period (last page this line number only) .....

35042.83